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ABSTRACT

In order to assess the intensity, direction, and type of self-blame and other blame in relationship to adjustment, a clinical sample of 31 women who had been sexually abused as children completed a questionnaire about their sexual abuse history, a self-blame scale that measured self- and other blame both retrospectively and currently, and three adjustment measures: the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, and a Semantic Differential Scale. The results revealed significant differences in the direction and types of blame the women experienced as children and as adults. In addition, numerous significant correlations were obtained between self-blame and adjustment. Self-blame was associated with poorer adjustment, whereas externalization of blame was associated with healthier adjustment. Significant relationships between self-blame and characteristics of the victims' sexual abuse history were also found. These findings have several implications for therapists working with adult victims of child sexual abuse. (Author)

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BLAME AMONG ADULT WOMEN

SEXUALLY ABUSED AS CHILDREN

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ABSTRACT

In order to assess the intensity, direction, and type of self and other blame in relationship to adjustment, a clinical sample of 31 women who were sexually abused as children completed a questionnaire about their sexual abuse history, a self-blame scale that measured self and other blame both retrospectively and currently, and three adjustment measures--the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, and a Semantic Differential Scale. Repeated measures MANOVA analyses yielded significant differences in the direction and types of blame experienced as children and as adults. In addition, numerous significant correlations were obtained between self-blame and adjustment. Self-blame was associated with poorer adjustment, whereas externalization of blame was associated with healthier adjustment. Significant relationships between self-blame and characteristics of the victims' sexual abuse history were also found. Implications of these findings for therapists working with victims is discussed.

Self-blame has been identified as a key characteristic among victimized persons, including victims of rape (Janoff-Bulman, 1979), children of alcoholics (Woods, 1985), battered women (Frieze, 1979; Walker, 1984), and sexually abused children (Courtois & Sprei, 1988; Summit, 1983). The effect of self-blame upon subsequent adjustment, however, remains a murky and unresolved issue of some controversy. Research on this topic is vital because of its therapeutic implications for counselors who work with persons who have been traumatized.

Janoff-Bulman (1979) has conducted provocative research on self-blame among rape victims. This research involved asking rape crisis center counselors to indicate retrospectively the percentage of clients reporting self-blame. Janoff-Bulman suggested that there were two types of self-blame, behavioral and characterological, and that these types were differentially associated with depression and coping. Behavioral self-blame is an unstable, internal attribution of blame for *engaging* in particular behaviors; characterological self-blame is a stable, internal attribution for *being* a particular type of person. Among rape victims, behavioral self-blame was

likely to be adaptive and reflective of "a positive impulse" (p. 1806), whereas characterological self-blame was associated with depression and subsequent difficulties in adjustment.

Theoretical explanations for victim self-blame have emphasized the role of certain psychological needs. First, the need for perceived control over one's life has been offered as an explanation for victims' assumption of responsibility (Wortman, 1976). In order for individuals to feel in control of their future, they must accept responsibility for their past. For example, it has been found that some victims exaggerate their degree of responsibility for what happened to them (Janoff-Bulman, 1979). Second, victims may accept blame because by doing so they can preserve their belief in a just world, where bad things do not happen to people fortuitously (Lerner & Miller, 1978). Finally, victims may engage in self-blame because of their need to give meaning to events that may be otherwise incomprehensible (Frankel, 1959).

Attribution theory has helped to explain the assumption of responsibility by victims for their trauma by suggesting that the kinds of attributions made influence coping abilities (Janoff-Bulman & Frieze, 1983). As attributions construct reality, the causal explanations that victims ascribe to themselves and to

the abuser underlie their self-concept and subsequently influence their behavior.

Clinical descriptions of children who have been sexually abused consistently include references to feelings of responsibility, guilt, and blameworthiness about their abuse (Bessett, 1985; Finkelhor and Browne, 1985; Herman, 1981; Summit, 1983). Some victims express their anger through self-blame or self-contempt (Courtois & Sprei, 1988). A combination of factors associated with child sexual abuse, such as entrapment, learned helplessness, stigmatization, shame, and self-blame seem to contribute to the likelihood of revictimization (Courtois & Sprei, 1988; Finkelhor & Browne, 1985). If these factors are not addressed therapeutically, the abused children are likely to become victims again (Anderson-Barboza, 1983).

That this self-blame can lead to depression has also been suggested (Summit, 1983), and phase models of reaction patterns to disclosure of sexual abuse typically include both denial and depression (Freiberg & Bridwell, 1976; Rodkin & Cowan, 1985). Walker (1984) has linked learned helplessness to depression to show how they are associated and how their association can lead to cyclical revictimization. In addition the work of Gelinas (1983), Jehu, Gazan & Klassen (1985), and Russell (1987) indicate that depression is a common

response to victimization and is associated with impediments to recovery.

The purpose of the present study was to investigate retrospective and current perceptions of blame, and to evaluate the effects of it on subsequent adjustment among a clinical sample of women who were sexually abused as children. The dimensions of blame, including intensity, direction or locus, and type have been found to be associated with psychological health among other victim groups; their applicability to adult victims of sexual abuse has required investigation.

Methodology

Subjects

A clinical sample was chosen for this study for two reasons. First, the literature strongly suggests that blame has therapeutic relevance. Thus a study of a clinical sample might yield more productive and directly applicable results. Second, because of the sensitivity of the topic and the possibility that participation in the study might be difficult for some of the women, it was considered ethically important to ensure that a professional counselor, with whom a therapeutic alliance had already been established, would be available to provide support if needed.

Thirty-one women who were sexually abused as

children volunteered for this research. They were 18 years or older and were recruited from sexual assault centers and from therapists in private practice in a large metropolitan area in the Northeast. All subjects were receiving either group or individual therapy. The definition of sexual abuse that was used as a criterion for inclusion in the study was based upon the definition offered by Finkelhor & Hotaling (1984), which was included in the questionnaire:

"Sexual contact that occurs between children and much older persons . . . [with a difference of] 5 or more years for a child 12 or under and 10 or more years for a child 13 to 16; or sexual contact that occurs to a child as a result of force, threat, deceit, while unconscious, or through exploitation of an authority relationship, no matter what the age of the partner" (p. 23).

Procedures

The subjects were recruited through letters to therapists at four sexual assault centers. Therapists were asked to inquire of their clients whether they would be willing to participate in the study, which was described in detail in the letter. Women clients who agreed to participate were asked by their therapists to complete the questionnaires and to mail them to the researcher anonymously. All subjects were

informed that their consent to participate in the study was entirely voluntary and would not affect their treatment, and they signed a consent form which was returned to the researcher under separate cover by their therapists. One center requested that the consent forms be kept on their premises to ensure confidentiality.

Altogether fifty-two clients agreed to participate. Thirty-one questionnaires were completed, returned to the experimenter on time, and used in the analysis. This yielded a return rate of 59.6%.

Measures

The data were collected using five measures:

1. A questionnaire included two sections:
   a. Background Information Questions about demographic characteristics of the women's background;
   b. Sexual Abuse Questions about the women's age, when the abuse began, the age, sex and relationship of the abuser, the kind of abuse involved, the length and frequency of abuse, and the reaction of the victim to the abuse.

      Reliability of the questionnaire was measured with a test-retest procedure, by asking one third of the women to complete the questionnaire a second time. This procedure

yielded a reliability coefficient of .98.

2. The Blame Scale (TBS), designed by the author, contained questions about the intensity, direction, and type of blame which the women experienced as children (measured retrospectively) and as adults. The scale included items asking the women to indicate on a 1 - 6 interval scale the amount of blame they had as a child and as adults. Blame was assessed in terms of its intensity and direction, (i.e., directed towards self, abuser, mother, father, or something else they could specify). Responses ranged from (1) "not at all" to (6) "completely." Items were reported and analyzed as individual scores, and they were drawn from attribution studies on blame among other victimized populations (e.g., Frieze, 1979; Janoff-Bulman, 1979; Miller & Porter, 1983; R. Silvers, Personal communication, January 21, 1986). To differentiate between types of blame (behavioral or characterological), specific questions were asked (i.e., "as a child, how much did you blame yourself for what you did or how you acted?" to measure behavioral self-blame; or "as a child, how much did you blame yourself for the kind of person you were?" to measure characterological self-blame.

To measure retrospective self-blame, the women

were asked to answer the questions in terms of how they felt *as a child*. To measure current self-blame, the women answered the same questions in terms of how they felt *now*.

To ensure some measure of the content validity of the scale, two psychologists with 25 years combined clinical experience working with child victims of sexual abuse were asked to rate the appropriateness of the items on a 1 - 5 scale, ranging from completely inappropriate (1) to very appropriate (5). Only those items that obtained combined ratings of 4 or better were included in the scale.

To ensure some measure of the reliability of this scale, the same subgroup of the sample, described above, completed this scale a second time. Pearson correlation coefficients yielded an overall reliability of .97.

3. Beck Depression Inventory (BDI) measured the women's current level of depression. Beck and Steer (1984) report reliability scores of .86 for this instrument.
4. Rosenberg Self-Esteem Scale (RES) measured the women's current level of self-esteem. Reliability of this instrument ranges from .85 on test-retest administrations to .92 using the coefficient of

reproducibility (Rosenberg, 1965).

5. Semantic Differential Scale (SD) measured the women's self-concept retrospectively and currently. To measure retrospective self-concept, women were asked to complete the scale in terms of how they felt *when they were first sexually abused*. To measure current self-concept, the same scale was used, but they completed it in terms of how they felt *now*.

The Semantic Differential Scale consisted of a series of bipolar adjectives rated on a 7 point scale, to which participants responded with degrees of agreement or disagreement. Scores were summed and averaged to yield the semantic space or meaning of the concept for the participant. The 25 bipolar adjectives included in this scale were selected from lists presented in Osgood, Suci & Tannenbaum (1957), the originators of the scale, and from Ginsberg's (1977) adaptation. The items were selected to match common descriptions of victims reported in the literature (Bessett, 1985; Courtois & Sprei, 1988; Finkelhor, 1984; Herman, 1981; Russell, 1984), and included adjective pairs such as ashamed/proud, hopeful/hopeless, helpless/powerful, blameworthy/not blameworthy.

To obtain some measure of the content validity

of the scale, two psychologists with 25 years combined experience working in the area of child sexual abuse rated the pairs of adjectives on a scale of 1 - 5 from completely inappropriate to very appropriate. Only those pairs that received combined ratings of 4 or higher were included in the scale.

To ensure some measure of reliability, the instrument was administered to psychology graduate students with a test-retest interval of two weeks. A reliability coefficient of .86 was obtained. In addition, internal reliability coefficients were computed based upon the responses of the subjects in the study, and this analysis yielded reliability coefficients of .95 for both scales.

Results

MANOVA and Pearson correlations were computed in the analysis of the data. Descriptive characteristics of the sample will be presented first.

Description of the sample

The mean age of the women was 37, with an age range of 23-60 years. Eighty percent had been to college, 49% had graduated from college, and 23% had at least two years of graduate school. Furthermore, 74% were professionally employed, 40% of the sample earned between $20,000 and $30,000 per year; 13%

earned over $30,000. Thus this sample was one of the more educated and professional samples that has been studied to date.

Analysis of the family backgrounds of the women indicated that the majority (69%) came from families whose earnings would have placed them in the middle and upper income brackets.

Analysis of the religious upbringing of the women indicated that 39% of the sample were raised as Protestants and that an equal percentage--39%--were raised as Catholic. This finding differs from some other studies that found Catholics to constitute the largest religious proportion in the backgrounds of sexually abused children (Finkelhor, 1979).

Analysis of the region where the women lived when first abused indicated substantial geographic representation. All of the main regions were represented, and there was one case from outside of the U.S. (See Table 1 for a complete description of the sample.)

Description of the abuse

The mean age of the women when they were abused was 6.9, and 68% were under 10 when abused. The mean age of the abuser was 34, 87% of the abusers were male and 13% female. Of the male abusers, 45% were biological fathers, 13% stepfathers, and 13%

grandfathers. Only 6% of the abusers were unrelated to the victim; 94% were family members. The mean length of the abuse was 6.4 years; with a range of less than one year to 17 years. Thirty percent of the women had been abused for 10 years or longer, and 17% for less than one year. Thus for almost 1/3 of the women, the sexual abuse continued for many years. Table 2 lists these descriptive characteristics.

The women were also asked how often they were abused. Responses were categorized as infrequent (less than 10 times per year), frequent (10 - 20 times per year), and very frequent (greater than 20 times per year). Sixty-five percent of the women were abused very frequently and 26% of the women were abused infrequently. Thus for a large percentage of the women, the abuse occurred at least twice a month.

Analysis of the particular acts involved in the abuse indicated that 84% of the women were sexually fondled. Sixty-one percent were kissed and hugged in a sexual way. Intercourse occurred for 23%, a higher percentage than has been reported in other studies (Finkelhor, 1979; Herman & Hirshman, 1977). Further analysis indicated that 60% of the biological fathers who were the abusers had intercourse with their daughters, a far more serious breach of what has been called the "incest taboo" than has been reported in

previous studies.

Intensity, direction and type of blame

A repeated measures MANOVA was computed for group differences on an interval scale. Separate univariate F's were determined for each of the comparisons. Comparisons of the women's responses to each of the blame items as a child and as an adult were made. Seven comparisons were analyzed in all. The women rated the amount of blame that they had as a child and as an adult, in terms of overall intensity towards themselves, the abuser, their mother, their father, and/or towards something else that they could specify. They also rated the amount of characterological self-blame (that is, blame for having a particular quality or trait that they could specify), and the amount of behavioral self-blame (that is, blame for having engaged in a particular act or behavior). Of these 7 comparisons, all were significant at the .01 level or less, except for the unspecified blame towards something else, which was not significant. The women blamed themselves more as children and less as adults, in terms of overall self-blame, and in terms of both characterological and behavioral self-blame ($F = 123.23$, $df = 1, 30$, $p < .01$; $F = 14.50$, $df = 1, 27$, $p < .001$; $F = 93.73$, $df = 1, 29$, $p < .01$). In terms of direction of blame, they blamed the abuser, their mother and their father more as adults

than they did as children ($F = 83.79$, $df = 1, 30$, $p < .01$; $F = 19.18$, $df = 1. 27$, $p < .0001$; $F = 20.37$, $df = 1, 28$, $p < .0001$). According to Sakoda, Cohen & Beall (1954), there is less than a .001 chance of finding this number of significant results. Table 3 lists these findings.

Analysis of the differences between the behavioral and characterological blame experienced as a child and as an adult revealed that as children there were no differences between these types of blame ($F = .075$, $df = 1, 29$, $p < .79$), whereas as adults there was a significant difference: characterological self-blame was significantly more intense than behavioral for the women as adults ($F = 20.03$, $df = 1, 28$, $p < .0001$).

Blame and adjustment

Correlations between The Blame Scale and the measures of adjustment yielded numerous significant relationships. Women who blamed themselves more as children were more depressed as adults ($r = .35$, $p < .05$) and had lower self-esteem ($r = .38$, $p < .04$). Women who blamed themselves as adults also were more depressed ($r = .49$, $p < .005$) and had lower self-concept ($r = -.46$, $p < .01$), whereas women who blamed their abuser more as adults were less depressed ($r = -.42$, $p < .02$), and had higher self-esteem ($r = -.40$, $p < .03$) and a higher self-concept ($r = .49$, $p < .005$).

Blame and characteristics of the sexual abuse

Analysis of the relationships between self-blame and characteristics of the sexual abuse indicated that the younger the victims when first abused, the less they blamed the abuser ($r = .47$, $p < .004$). In addition, the longer the length of time that the abuse persisted, the more self-blame the women experienced both as children and as adults ($r = .30$, $p < .05$; $r = .31$, $p < .05$), and the less they blamed the abuser ($r = -.47$, $p < .005$).

Discussion

There are several limitations to retrospective research with clinical populations, particularly in sensitive topic areas such as child sexual abuse. First, the lack of representativeness of the sample means that generalizations of the results to other groups of victims--non-clinical groups, boys or men, victims not in therapy--may not be valid. One cannot conclude from the present study that the findings generalize to the larger population of child victims of sexual abuse. Some of the results obtained may have been unique to this sample. For example it is possible that severely abused women and/or more professional women seek treatment, and that being in therapy contributes to attributions of self-blame.

Secondly, retrospective studies are limited by

questions of accuracy, reliability, and validity. It would be unwise to conclude that adults victimized as children can necessarily recall accurately the type and intensity of blame that they experienced during a childhood that was by definition traumatic.

Consequently, these findings should be viewed as exploratory and suggestive. Despite the limitations, it is felt that the findings are important insofar as they present a picture of the cognitive and emotional framework of abused women in therapy, and suggest directions that therapy may take.

Descriptively, this sample is distinguishable as one of the more educated and professional samples of sexual abuse victims yet to be studied. As is being noted increasingly in the literature, sexual abuse appears to cut across income levels and class status and is being reported among middle and upper class income families to a greater extent than previously discovered.

As this was a clinical sample of women currently in therapy, it shared some features with other studies of clinical and community samples, but it had some important differences as well. Findings on the mean age of the abuser (34) and the preponderance of male abusers (87%) were consistent with reports from other studies of community (Courtois, 1979) and clinical samples (Herman

& Hirshman, 1977). In addition, Finkelhor's (1984) re-analysis of the National Center on Child Abuse and Neglect Study Findings of 1981 included ages and gender differences that were essentially the same as those found in the present study. However, the mean age of the victims in this study was younger than has been reported in other studies (Courtois, 1979; Finkelhor, 1979; Herman & Hirshman, 1977; National Center on Child Abuse and Neglect, Study Findings, 1981). The percentage of abusers who were biological fathers was also higher in this sample than reported previously: 45% held this relationship, as opposed to 6% in Russell's (1984) random sample. In this study, 94% of the abuse occurred intrafamilially, whereas most other studies report 75 - 80% of sexual abuse occurring within the affinity systems (Finkelhor, 1979; Tsai & Wagner, 1978). The length of the abuse and its severity also appear to have been more extreme in this study. The average duration was 6 years, as opposed to 3 - 4 years in other studies of clinical samples (Courtois, 1979; Herman & Hirshman, 1977; Meiselman, 1978). While fondling or oral copulation have been reported more often among victims than intercourse (Bessett, 1985; Herman & Hirshman, 1977), analysis of the kinds of abuse perpetrated indicate that 60% of the biological fathers had intercourse with their daughters, a much higher

percentage than has been reported elsewhere. Thus this sample appears to have been more severely abused, for a longer period of time, beginning at a younger age, than has been reported to date. These differences should be borne in mind when interpreting the findings about self and other blame, discussed below.

Differences in the intensity and direction of blame reported retrospectively and presently indicate that the adult victims perceived themselves as having experienced intense self-blame as children. Responsibility for the abuse was clearly theirs, and they did not perceive other adults--neither their parents nor the abuser--as being at fault. As adults in therapy, however, there were changes in their perceptions of blame: their self-blame was less intense, and they were more likely to hold others responsible, especially the abuser.

These differences in type of blame suggest that children's experience of blame may be more undifferentiated than adult's experiences. Whereas adults can separate traits from behaviors, children's responses are more global; their self-blame may also be more global and diffuse. Developmental theory of children's egocentricity suggests that pre-operational children are less able to differentiate between themselves and others, because their cognitive frame of reference is more limited (Piaget & Inhelder, 1969).

Thus it might be that children are less able to make other more complex differentiations, such as those between type of blame and direction of blame, than would adults.

The relationship between the direction and intensity of blame and subsequent adjustment suggests that self-blame as a child may have long-lasting negative effects that persist into adulthood. Women who blamed themselves as children for having been sexually abused had poorer overall adjustment as adults: they were more depressed and had lower self-esteem. As adults most of the women did not stop blaming themselves. Those with stronger feelings of self-blame were more depressed and had a lower self-concept than the women who externalized the blame. This suggests that an internalizing style of blame may be more maladaptive for adult women than an externalizing style, and that the goal of encouraging externalization of blame may be adjustive for some abused women. Therapeutic implications for children, however, cannot be legitimately drawn from this study. Additional research on blame needs to be specifically designed for child victims, and clinical ramifications should be drawn from subsequent research, not from retrospective studies.

While Janoff-Bulman's (1979) research suggested

that behavioral self-blame was adaptive for some rape victims, this study found that both types of self-blame were maladaptive and associated with later adjustment difficulties. There may be several explanations for this difference. First, the age at which the trauma occurred may be relevant. The mean age for abuse in this study was 6.9; the rape victims in Janoff-Bulman's study were older than this. Younger children may not be able to make differentiations between types of blame, whereas the cognitive and affective development that accompanied growth may have enabled these finer differentiations to be made. Second, the method of reporting differed in the two studies. Janoff-Bulman's results were drawn from accounts by counselors of their perceptions of their clients, whereas self-reports were used in the present study. Differences in these methods may have led to different results. Third, the types of exploitation--rape or child sexual abuse--may result in important differences in blame and its relationship to adjustment. Rape may be perceived by some victims as a traumatic but acute, behaviorally-based act, for which behavioral explanations may be generated. Sexual abuse of children, on the other hand, may be viewed ambivalently by the victims, mixed with positive as well as negative elements (i.e., the only "signs of affection" ever received). These ambivalent perceptions

may lead to greater self-blame, guilt, and more and persistent negative effects upon subsequent adjustment.

The significant relationships found between self-blame and some of the characteristics of sexual abuse suggest that children who are victimized at very young ages have greater difficulty externalizing the blame and directing it towards the abuser. In this study, the longer the abuse persisted, the more intense the self-blame and the less intense the blame directed towards the abuser. This finding may be similar to what has been called the Stockholm Syndrome, a situation that arises when victims of hostages become dependent upon their abductor, and in some instances glorify the abductor and resist their own rescue. This phenomenon may also be related to dissonance reduction theory: the longer an untenable situation exists, the more likely the victim will either identify with the abuser or will engage in other cognitive maneuvers to reduce the cognitive discord occasioned by the persistent victimization (Festinger, 1962). As a result, it may be that victims of long-term abuse will have the greatest need for therapy that can help them to enact cognitive shifts and to re-direct the locus of responsibility.

This study suggests that therapeutic intervention may be most helpful when it can lead adult clients to re-construct their shattered assumptions and to re-

establish a conceptual system and a sense of control over their experience. The psychological distress that victims often experience results from the shattering of certain basic assumptions about their world: the belief in personal invulnerability, the perception of the world as meaningful, and their view of themselves as positive, capable human beings (Janoff-Bulman & Frieze, 1983). These beliefs need not be sustained. It is suggested that a critical suspension of belief, accompanied by a re-structuring that reverses the internalized and personalized attributions and directs them outwardly, may lead to positive adjustment. The re-attribution training that Dweck (1975; 1986) describes, for example, may have potential for abused women. Re-framing of their experience may enable adult women who were sexually abused as children to free themselves of the affective burdens that internalized self-blame can create. Abused women may benefit from therapy that encourages them to reframe their experiences of failure as attributable to factors not dependent upon their character or their abilities. Paradigm shifts, important for scientific progress (Kuhn, 1970) and the advancement of theory (Feyerabend, 1978) may also be important therapeutically to encourage clients to revise their world view and replace the permissible paradigms by which they have interpreted their abuse

with a pluralistic and critical view that allows for unjust worlds to coexist with just worlds. Approaches that stretch the cognitive and affective parameters may thus enable abused women to re-define their victimization, re-direct the focus of blame externally, and re-build a self-concept that can free them from the auguries of self-blame.

Table 1

Description of Subjects

Background Variable	Mean	Percentage
Subjects'		
Age	37 (range 23-60)	
Education	3 yrs college	
completed high school		20%
completed college		40%
1 yr. grad. school		13%
2 yrs. grad. school		23%
3 yrs. grad. school		3%
Religious upbringing		
none		13%
Protestant		39%
Catholic		39%
Jewish		6%
Other		3%
Occupation		
Unemployed outside of home		7%
Non-professional, trade		7%
Professional		74%
Self-employed		6%
Student		3%
Clergy		3%
Current income per year		
Below $10,000		10%
$10,000-$20,000		37%
$20,000-$30,000		40%
Over $30,000		13%
Region where abuse occurred		
Northeast		50%
North Central		17%
South		3%
Midwest		20%
West		7%
Outside of U.S. (England)		3%
Family background		
Income during Ss' childhood		
Below $10,000		21%
$10,000-$20,000		38%
$20,000-$30,000		10%
Over $30,000		31%
Mother's occupation		
Unemployed outside of home		48%
Non-professional/trade		22%
Professional		29%
Father's occupation		
Non-professional/trade		43%
Professional		40%
Military		10%
Self-employed		7%

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Table 2

Characteristics of the sexual abuse

Characteristic	Mean	Percentage
Age of victim	6.9 (range 2-15 yrs)	
Age of abuser	34 (range 10-60 yrs)	
Gender of abuser		
male		87%
female		13%
Relationship to victim		
stranger		3%
acquaintance		3%
grandfather		13%
brother		10%
father		45%
stepfather		13%
mother		7%
stepmother		3%
aunt		3%
Who began		
subject		0%
other		100%
Abuser drinking		
yes		23%
no		74%
don't know		3%
Length of abuse	6.4 yrs	
1 yr		18%
2 yrs		3%
3 yrs		10%
4 yrs		3%
5 yrs		10%
6 yrs		15%
8 yrs		3%
9 yrs		7%
10 yrs		25%
12 yrs		3%
17 yrs		3%
Frequency per year		
10 times/yr		26%
10-20 times/yr		9%
more than 20 times/yr		65%

Table 3

MANOVA F table of scores on The Blame Scale as children and as adults

TBS item	F	df	level of significance
self-blame as child v. self-blame as adult (X = 4.94; X = 1.55)	134.34	1, 30	.01
blame of abuser as child v. blame of abuser as adult (X = 2.71; X = 5.48)	83.79	1, 30	.01
blame of mother as child v. blame of mother as adult (X = 2.04; X = 3.57)	19.18	1, 27	.0001
blame of father as child v. blame of father as adult (X = 2.45; X = 4.21)	20.37	1, 28	.0001
blame of another as child v. blame of another as adult (X = 2.10; X = 4.21)	.012	1, 19	NS
characterological self-blame as child v. characterological self-blame as adult (X = 5.07; X = 3.46)	14.50	1, 27	.001
behavioral self-blame as child v. behavioral self-blame as adult (X = 5.07; X = 2.13)	93.73	1, 29	.01

Table 4

Pearson correlations between The Blame Scale and Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RES)+ and Self-Concept Scale as Adults (SD)

	BDI	RES	SD
Blame as child			
self-blame	.35*	.38*	-.24
blame of abuser	-.11	-.15	.10
blame of mother	.19	.02	.03
blame of father	-.14	-.36*	.19
blame of another	-.16	-.03	.05
characterological self-blame	.32	.36*	-.22
behavioral self-blame	.31	.44**	-.21
Blame as adult			
self-blame	.49**	.34	-.46**
blame of abuser	-.42*	-.40*	.49**
blame of mother	-.07	.04	.23
blame of father	-.18	-.29	.36*
blame of another	-.30	-.15	.17
characterological self-blame	.54**	.52**	-.50**
behavioral self-blame	.48**	.50**	-.37*

+The Rosenberg Self-Esteem Scale is negatively scored (a low score indicates high self-esteem).
*indicates significance at the .05 level or less.
**indicates significance at the .01 level or less.

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